

both groups, but IG patients showed an earlier control (61.8% control in IG vs 36.4% in CG at 12 weeks; $p = 0.038$). 2) INFONET Program: The first 250 SMS were analysed. Percentages of SMS sent by physicians were: support (50.3%), Therapeutic compliance (2.7%), Asking for data (29.5%), Scheduling visits to surgery (6.0%), Modifying medication (1.6%), Others (9.9%). The most frequent scheduling was one SMS every 12 days. **CONCLUSIONS:** In the usual practice (INFONET Program), physicians use the SMS system in a different way than predicted (HTA-Alert). They tend to give support and to ask for data, instead of addressing compliance and life-habits messages. Frequency of messages was also lower. The use of SMSs seems to be a useful tool for educational programs, and it would be convenient to explore in more detail its effectiveness in health outcomes.

PCV10

IMPROVED COMPLIANCE AND PERSISTENCE WITH ATORVASTATINE THROUGH A PHARMACY-BASED INTERVENTION

de Klerk E

AARDEX Ltd, Maastricht, Netherlands.

OBJECTIVES: To establish the effect of a pharmaceutical care program on compliance and persistence with once-daily atorvastatine treatment in patients with elevated cholesterol levels. **METHODS:** An open-label, prospective controlled trial of 1-year duration was conducted in Belgium, stratified by language region. A French speaking and a Flemish speaking region were randomized to a Measurement Guided Medication Management (MGMM) intervention consisting of review by the patients' pharmacist of the electronically compiled dosing history, a "beep-card" that reminds patient of the dosing time and educational reminders. The control group received care as usual, also stratified between the 2 regions. Compliance was measured in all patients using the Medication Event Monitoring System (MEMS®, AARDEX, Switzerland), defined as the % doses taken as prescribed (once-daily). Nonpersistence was defined as the % of patients who stopped using atorvastatine before the end of the study. Because of the skewed nature of compliance data, statistical reporting includes medians, 25–75% interquartile ranges, and non-parametric tests. **RESULTS:** A total of 393 patients were included: intervention group: $n = 194$, control group: $n = 199$. After 1-year follow-up and stratification by region, the median % of doses taken as prescribed (25% quartile–75% quartile) was 96.1 (92.7–98.2) in the intervention group versus 89.9 (77.1–95.6) in the control group ($p < 0.0001$). Other compliance variables showed similar results % prescribed doses taken: 98.9 (96.3–100.3) vs 95.2 (83.0–98.9), $p < 0.001$, % doses within prescribed interval $\pm 25\%$: 92.8 (85.9–95.9) vs 84.4 (63.0–92.5), $p < 0.001$ and Therapeutic Coverage: 96.1 (92.9–97.8) vs 93.6 (84.6–96.6), $p < 0.001$. Persistence was significantly better in the intervention group: 87.1% vs 76.9% in the control group

($p = 0.02$). Explanatory analysis showed that the Flemish patient group and an elevated cardiovascular risk score were significantly related to better compliance and persistence. **CONCLUSIONS:** Measurement Guided Medication Management improved patient compliance and persistence with atorvastatine.

PCV11

PREDICTIVE VALUE OF TROPONIN T LEVELS FOR HEART FAILURE AFTER UNSTABLE ANGINA OR NON ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION

Tuzón MT, Baello P, Sevilla B, Roldán I, Peláez A, Vaquerizo B, Aguar P, Salim M, Montagud V, Almela M, Rincón de Arellano A, Salvador A

Dr. Peset Hospital, Valencia, Valencia, Spain

OBJECTIVE: Troponin T levels (TnT) predict hard ischemic events and prognosis in patients (p) with unstable angina (UA) or non ST-segment elevation myocardial infarction (NSTEMI). There are no reports on their ability to predict the development of heart failure (HF) in that population. **METHODS:** In order to determine the ability of TnT to predict the incidence of NYHA class III or IV HF along three months after an episode of unstable UA or NSTEMI, TnT levels were measured to 352 p between the fifth and 24th hour from hospital admission due to an acute episode attributable to such diagnosis, being 231 men and 121 women, mean age 67.6 years (range 20 to 88). Personal or phone interview of patients or relatives were obtained three months after the acute episode looking for signs or symptoms of advanced heart failure. **RESULTS:** TnT levels were higher than or equal to 0.1 ng/ml in 135 p (TnT+ group) and less than 0.1 ng/ml in the other 217 p (TnT– group). Both groups were comparable in age (69 vs 66) and slightly different in proportion of women (42% vs 32%). Three patients died after episodes of class IV HF and all three pertained to the TnT+ group. Odds ratios (OR) and their 95% confidence intervals (CI) for the development of class III or IV HF are reflected in the table. **CONCLUSIONS:** Patients admitted with the diagnosis of unstable angina or non ST-segment elevation myocardial infarction have much more episodes of advanced heart failure in the following three months when Troponin T levels are elevated in the first 24 hours of the acute ischemic episode. TnT+ TnT– $n(\%)$ $n(\%)$ OR 95%CI p NYHA III/IV 11(8.9) 5(2.4) 3.85 1.3–11.3 < 0.03 NYHA IV 7(5.5) 2(0.9) 5.88 1.2–28.7 < 0.05 .

PCV12

EFFECT OF EPROSARTAN ON PULSE PRESSURE PREDICTIVE FACTORS OF RESPONSE

de la Sierra A¹, Arcos E², Muñoz A³, Relats J³, López JS²

¹Hypertension Unit. Hospital Clínic (Barcelona), Barcelona, Spain; ²Pharma-Consult, Barcelona, Spain; ³Solvay Pharma, Barcelona, Spain

OBJECTIVE: The aim of the study was to evaluate the effect of the angiotensin receptor blocker eprosartan on pulse pressure as well as to identify those factors influencing such effect. **METHODS:** Observational, multicenter study performed in hypertensive patients attending primary care centers. Patients completed 12 weeks of treatment with eprosartan. Blood pressure was measured by means of a validated oscillometric device (OMRON 705CP) provided with a printer at beginning of treatment and at 4, 8, and 16 weeks. **RESULTS:** After 16 weeks, 3133 patients out of 4067 completed treatment (87% in monotherapy), mean age of 67 years (55% women). Components of blood pressure decreased: systolic blood pressure from 165.9 ± 15.5 mm Hg diastolic from 93.5 ± 10.4 to 80.6 ± 8.3 mmHg, mean blood pressure from 117 ± 9.3 mmHg to 100.1 ± 9.03 mmHg, pulse pressure from 72.5 ± 16.9 mmHg, PP decrease at 16th week was 4% higher to the decrease in MBP. The effect was more pronounced in older patients, those with higher basal PP/MBP and with target organ damage. Among adverse events reported, 35% affected to digestive system. **CONCLUSIONS:** Eprosartan is an effective and well tolerated antihypertensive drug able to reduce PP. This reduction is partially independent of the severity of high blood pressure. This aspect may be important in terms of safety and target organ protection.

PCV13

A SYSTEMATIC REVIEW AND META-ANALYSIS OF STUDIES COMPARING READMISSION RATES AND MORTALITY IN PATIENTS WITH HEART FAILURE

Gwady-Sridhar F, Flintoft V

McMaster University, London, ON, Canada

OBJECTIVES: Heart Failure (HF) is the leading cause of hospitalization and re-admission in many hospitals worldwide. A number of small randomized trials have attempted to determine whether multi-disciplinary discharge programs aimed specifically at educating patients can reduce rates readmission and mortality rates. This meta-analysis evaluates the effectiveness of peri-discharge, multidisciplinary HF management programs. **METHODS:** We identified studies through an electronic search of 4 bibliographical databases, our own files, references lists, the Cochrane review database, consultation with experts, reference lists, abstracts from meetings, interviews with authors and tracked down unpublished studies and studies in progress. Eligible studies met the following criteria: Randomized controlled clinical trials of adult inpatients hospitalized for heart failure enrolled at the peri-discharge transition period offered HF-specific patient education intervention coupled with a post-discharge follow-up assessment that reported unplanned readmission or mortality. For each study we determined the eligibility using a checklist that we developed through consensus and the quality using the Jadad (ref). Four authors independently assessed each study for eligibility

agreement was rated using a weighted Kappa. For each study we calculated a relative risk ratio for readmissions and mortality for patients receiving enhanced education (Intervention) relative to patients receiving usual care (Control). **RESULTS:** A total of 529 citation titles were identified of which 8 randomized trials proved eligible. The pooled risk ratio (RR) for hospital readmission rates using a random effects model was 0.77, 95% confidence interval CI 0.68–0.84, $p < 0.001$ with a non-significant test for heterogeneity $I^2 = 0.25$. There was no apparent effect on mortality, RR 0.98 CI 0.72–1.34, $p = 0.9$, with a non-significant test for heterogeneity $p = 0.2$. There was insufficient data to meaningfully pool intervention effects on quality of life or compliance. **CONCLUSION:** This systematic review suggests that specific heart failure interventions targeted at the discharge transition period significantly decrease hospital readmissions.

PCV14

EFFECTIVENESS OF SELF-MEASUREMENT OF BLOOD PRESSURE IN HYPERTENSIVE PATIENTS. DIOAMPA STUDY

Figueras M¹, Dalfó A², Capillas R³, Guash MM⁴, Ylla-Català A¹, Gallardo I¹, Balañá M¹, Cobos A⁵, Vidal JM⁴

¹Novartis Farmaceutica S.A, Barcelona, Spain; ²Equipo de Atención Primaria Gòtic, Barcelona, Spain; ³ABS Sant Josep, L'Hospitalet, Barcelona, Spain; ⁴ABS-"D" Universitat, Barcelona, Spain; ⁵Redes, S.L, Barcelona, Spain

OBJECTIVE: Evaluate the effectiveness of self-measurement of blood pressure as a tool for hypertensive patient education to improve control of hypertension. **METHODS:** One hundred eighty Primary Care Units (PCU) were randomized to two groups: 86 applied the intervention (I) and 94 collected data on Usual Clinical Practice (UCP). A medical doctor and a nurse composed all PCU. Patients included had Diastolic Blood Pressure (DBP) and Systolic Blood Pressure (SBP) above the recommended control levels (140/90 mmHg). Intervention consisted in provide OMRON HEM705CP blood pressure measurer to the patients during two visits: between the 6th and 8th week and the 14th and 16th week after the inclusion into the study. OMRON was recommended to be used during 15 days and was gave a handbook to the patients to register the results of self-measurements and delivered to the physician in the next visit. Blood pressure at PCU was measured in each visit (baseline, and 6, 8, 14, 16, and 24 week). The main criteria for effectiveness measurement was proportion of patients with DBP and SBP $< 140/90$ mm Hg or $< 130/85$ in diabetic patients. **RESULTS:** A total of 1325 patients (622 I, 703 UCP) with similar demographic characteristics were included by the 180 PCU. At week 8, the proportion of patients with blood pressure levels well controlled was higher in I group in 7.6% ($p = 0.01$) than UCP group. Nevertheless, differences among the groups were reduced to 4.1% favorably I vs. UPC ($p = 0.27$). At the end of the study (24th week) the difference in terms of effectiveness